



Department of Health
and Human Services

Maine People Living
Safe, Healthy and Productive Lives

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Licensing and Regulatory Services - MMMP
41 Anthony Avenue

11 State House Station

Augusta, Maine 04333

Tel: (207) 287-4325; Toll Free: 1-855-355-4325

Fax: (207) 287-2671; TTY Users: Dial 711 (Maine Relay)

Public Petition

Maine Medical Use of Marijuana Program

**PETITIONS MUST BE FILED WITH THE DIVISION OF LICENSING AND REGULATORY SERVICES
ATTENTION - MMMP**

Adding debilitating medical conditions. In accordance with 22 M.R.S. §2422 (2) (D), the Department has adopted rules regarding the consideration of petitions to add medical conditions or diseases to the existing list of debilitating medical conditions. Pursuant to 10-144 CMR, Ch. 122, the Department shall provide an opportunity for a public hearing to comment on petitions. After a hearing, the Commissioner shall approve or deny a petition within 180 days of its submission.

Public petitions adding debilitating medical conditions must comply with 10-144 CMR, Ch. 122, Sec. 3.2 *et. al.*, including the following:

- The petition must clearly identify the specific debilitating disease or medical condition.
- The petition must include reputable scientific evidence that supports the use of marijuana for the treatment of the disease or medical condition.
- The petition must include sufficient evidence to demonstrate that the medical use of marijuana would benefit qualifying patients with the disease or medical condition.
- The petition must include evidence that marijuana therapy is sufficiently effective to warrant its use.

Section 1. Petitioner Information

Name (first, middle initial, last)

Mailing Address (where mail is received)

(city, state, zip code)

Telephone:

(207) _____ - _____

Email address:

Signature:

Date:

Section 2. Debilitating Disease or Medical Condition (one form per disease or condition)

Name of Debilitating Disease or Medical Condition:

Section 3. Reputable Scientific Evidence – Please provide a list of citations to reputable scientific evidence and attach copies of referenced materials to this petition. If additional space is needed, please attach another Page 2 of this petition.

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FOR OFFICE USE ONLY

Date Petition Received: _____

Date Decision Due (180 days from date received): _____

Petition Approved: _____

Petition Denied: _____

(See attached written Decision)

Commissioner Signature: _____